

Prepared By  
GAIL M. MARTIN  
3583 BEN LEDIS Ridge Cove  
HERNANDO, MS. 38632  
429-3913

P DK 104 PG 470

STATE MS.-DE SOTO CO.

Aug 31 4 21 PM '04

# General Power of Attorney

(with Durable Provision)

SK 104 PG 470  
DAVIS CH. CLK.

## APARTMENT – CONDOMINIUM – HOUSE

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, TERRY E. MARTIN  
of 3583 BEN LEDIS RIDGE COVE, HERNANDO, MS. 38632  
the undersigned Principal, do hereby make and grant a general power of attorney to GAIL M. MARTIN  
of 3583 BEN LEDIS RIDGE COVE, HERNANDO, MS. 38632  
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

If my Agent is unable to serve for any reason, I designate PAULETTE KELLY  
of 7458 WPA ROAD, BROOKSVILLE, FL., 34601-7071, as my successor Agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Principal must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Principal wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- |                                     |     |  |
|-------------------------------------|-----|--|
| <input checked="" type="checkbox"/> | (A) | Real estate transactions   |
| <input checked="" type="checkbox"/> | (B) | Tangible personal property transactions  |
| <input checked="" type="checkbox"/> | (C) | Bond, share and commodity transactions   |
| <input checked="" type="checkbox"/> | (D) | Banking transactions   |
| <input checked="" type="checkbox"/> | (E) | Business operating transactions  |
| <input checked="" type="checkbox"/> | (F) | Insurance transactions   |
| <input checked="" type="checkbox"/> | (G) | Gifts to charities and individuals other than Attorney-in-Fact/Agent<br>(If trust distributions are involved or tax consequences are anticipated,<br>consult an attorney.)         |
| <input checked="" type="checkbox"/> | (H) | Claims and litigation  |
| <input checked="" type="checkbox"/> | (I) | Personal relationships and affairs   |
| <input checked="" type="checkbox"/> | (J) | Benefits from military service   |
| <input checked="" type="checkbox"/> | (K) | Records, reports and statements  |
| <input checked="" type="checkbox"/> | (L) | Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the<br>foregoing powers to any person or persons whom my attorney-in-fact/agent shall select |
| <input checked="" type="checkbox"/> | (M) | Access to safe deposit box(es)   |
| <input checked="" type="checkbox"/> | (N) | To authorize medical and surgical procedures   |
| <input checked="" type="checkbox"/> | (O) | All other matters  |

Durable Provision:

(P) If the blank space in the block to the left is initialed by the Principal, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.

Other Terms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 31 day of August, 20 04.

Signed in the presence of:

Witness: Nessie Surber

Principal: Eugene Martin

Witness: Selene S. Markle

Witness: \_\_\_\_\_

State of Tenn.  
County of Shelby

On August 31, 2004 before me, Ralph McHee, appeared Eugene Martin, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: [Signature]

Affiant Known Produced ID VA Medical Card  
Type of ID VA Medical Card

MY COMMISSION EXPIRES:  
August 29, 2006

Payaur